

***California's Supportive Housing Evaluation  
Protocols and Answers to Frequently Asked Questions***

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## ***Introduction***

This document is intended to provide general information regarding Supportive Housing Evaluation as well as provide answers to the most frequently asked questions.

Individuals who have additional questions are encouraged to send them to the California Department of Mental Health for inclusion in this document. Additionally, those who submit questions are encouraged to suggest possible answers that should be considered in the establishment of policy relating to that issue. Questions, comments, and suggestion answers should be submitted, in writing to:

Supportive Housing Evaluation Protocols  
Research and Performance Outcome Development  
1600 9<sup>th</sup> Street  
Sacramento, CA. 95814

Additionally, questions, comments, and suggested answers may be emailed to:

[CCross@dmhhq.state.ca.us](mailto:CCross@dmhhq.state.ca.us)

## *System Design Questions*

- How was the supportive housing evaluation system designed?

With the enactment of the Stewart B. McKinney Homeless Assistance Act in 1985, the federal government provided funding for supportive housing services for homeless individuals. California's Department of Mental Health (DMH) has been awarded federal homeless funds annually since 1985, initially through the Stewart B. McKinney Homeless Block Grant, and beginning in the state's fiscal year (SFY) 1991-92, through the McKinney Projects for Assistance in Transition from Homelessness (PATH) formula grant. For the SFY 1998-99, the state's formula grant for PATH was increased by \$700,000, with an additional \$700,000 for SFY 1999-00. DMH committed these monies to fund additional supportive housing services.

The additional PATH funds, combined with Substance Abuse and Mental Health Services Administration (SAMHSA) block grant funds, were awarded to new programs in 13 counties. The funding is for a period of up to three years contingent upon the continued availability of federal funds. The counties are required to contribute matching funds in the amount of one dollar (in cash or in kind) for every three dollars of federal funds provided. The 13 projects were selected from among 17 proposals submitted in response to a Request for Applications (RFA) issued in December 1998.

The RFA solicited proposals that encouraged innovative supportive housing projects for persons who have serious mental illness and are homeless or at imminent risk of becoming homeless. The proposals were reviewed in February 1999 and results were announced in March 1999. The 13 counties selected are Alameda, Contra Costa, Kern, Los Angeles, Monterey, Napa, Sacramento, San Joaquin, Santa Clara, Santa Cruz, Shasta, Solano, and Yolo. A program evaluation is included as part of each demonstration project.

### Development of Supportive Housing Evaluation System

*Supportive Housing Evaluation Project.* The thirteen projects share in common the provision of services that include case management, substance abuse counseling and vocational services. The programs differ in their target population and variety of services provided for these reasons, a very general and simple evaluation was designed for these projects. The evaluation is a non-experimental, repeated measure design.

## ***Target Population Issues and Questions***

- Who is the target population for the Supportive Housing Evaluation System?

The target population for the demonstration projects are persons who have a serious mental illness and are homeless or at imminent risk of becoming homeless. Any client who enters the demonstration project may be included in the evaluation.

## ***Instrument Administration Schedule and Protocols***

- How frequently are the supportive housing evaluation instruments to be administered?

They are to be administered at intake, annually thereafter, and at discharge.

- Exactly what do you mean by “Intake”?

The term “intake” refers to the first 60 days during which the client receives services. This time period is essentially the same as the amount of time that could elapse before a coordinated care plan was to be developed. So, when a client first begins receiving county mental health services the “clock” starts ticking.

- Are all of the supportive housing evaluation instruments administered each time?

No. The Mental Health Statistics Improvement Program (MHSIP) Consumer Survey is not to be administered at intake. This is because it is assumed that clients have not had enough experience with the program to rate it reliably. The table below identifies when each instrument should be administered.

Schedule of Adult Performance Outcome Instrument Administration		
Intake	Annual Administration	Discharge (Either from county services or to medications only status)
<ul style="list-style-type: none"> <li>• Consent to Participate</li> <li>• Face Sheet</li> <li>• Kennedy Axis V (K Axis)</li> <li>• California Quality of Life (CA-QOL)</li> </ul>	<ul style="list-style-type: none"> <li>• Face Sheet</li> <li>• Kennedy Axis V (K Axis)</li> <li>• California Quality of Life (CA-QOL)</li> <li>• MHSIP Consumer Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Face Sheet</li> <li>• Kennedy Axis V (K Axis)</li> <li>• California Quality of Life (CA-QOL)</li> <li>• MHSIP Consumer Survey</li> </ul>

- Does the annual administration of the instruments have to take place **exactly** 12 months after the intake set was administered?

No. It is assumed that sometimes a client might come in for services slightly before or slightly after the 12<sup>th</sup> month. Therefore, a window has been identified during which it is assumed that the annual set of instruments will be administered. This window is 2 weeks on either side of the annual date.

- What if my program wants to administer the MHSIP at intake as well as annually and at discharge?

There is nothing that restricts you from using the MHSIP at intake. However, the State requirement is for administration only annually and at discharge.

- Can the supportive housing evaluation instruments be administered more often than annually?

Yes. Some counties have found it useful to administer such instruments more frequently than annually. However, any additional administration forms are not to be submitted to the State.

- Who administers the supportive housing instruments?

With the exception of the Kennedy Axis V (K Axis), which is completed by a trained clinician, the other instruments (CA-QOL and the MHSIP Consumer Survey) are designed to be self-administered by the client. Clients can complete any one of these instruments in 20 minutes or less with little or no assistance,

some clients will require extensive assistance. This could be due to reading skills or functioning levels. When assistance is required, it may be provided by virtually anyone who has been trained to administer them (e.g., peer counselors, clinicians, clerical staff, etc.) **with one exception—the MHSIP consumer survey.** The program staff must not administer this MHSIP consumer survey.

Whenever assistance is provided to a client in order to complete the instruments, certain procedures should be followed. First, the person assisting should not interpret the items on the instruments. Second, the person assisting should not discuss the client's responses in any way that will affect those responses.

- What steps should be followed when administering instruments to non-English speaking clients?

This is a very important question. Part of the answer applies to all efforts to help a client complete the forms. Assistance should be limited to simply reading the questions and marking the client's answers. No effort should be made to interpret the clients' responses. This would have the effect of introducing the clinician's (or other person's) bias into the results.

The State DMH will be working with language experts to translate all of our performance outcome forms into California's threshold languages in the very near future. We will begin with the most common languages. Should you have any questions about available translations, please contact Candace Cross-Drew, Supportive Housing Project Evaluator at (916) 653-4582.

- What is the "Distribution Date" on the forms?

The distribution date is being used to link sets of forms that were administered to a client at a given assessment. The specific date that is entered in the link date field is not nearly so important as the fact that **the distribution date should be the same on each instrument for a given administration.** Some counties are using the client's intake date as their link date at administration. Others are using the date that the coordinated care plan was developed. Still others are using the date that the instruments were scheduled to be administered.

Again, it is critical that the same distribution date be entered on each of the forms for a given administration.

The key point is that each set of forms (i.e., admission set, discharge set, and annual set) have the same dates. Thus, the set of admission forms will have a different date than the discharge set or the annual set. Each client set will have different dates.



- What is the best way to ensure that the distribution date is completed correctly?

It is recommended that, before the instruments are provided to a staff for distribution to a client, the local project evaluator enter the critical information on each outcome instrument. This includes 1) Client Case Number (This is the same number that is reported to the DMH Client Services Information System), 2) County Code, and 3) Distribution Date. Once this information is entered the instruments are distributed to the staff for use.

- Do the instruments all need to be completed on the same day?

No. Of course, this would be ideal. However, it is not a problem if the instruments are completed over the course of several sessions as long as they are completed roughly around the same time period. This one of the reasons that our distribution dates is so important. Even though the instruments are administered on different days, we are able to identify which ones belong together as a set for a specific client.

- If a client completes an annual set of instruments and then discharges shortly afterward, do I need to complete a discharge set?

Yes. This set will have a different distribution date.

## ***Confidentiality Procedures and Issues***

- What kind of disclosure should be provided to the client regarding supportive housing information, what is collected, how it will be used, and who will have access to it?

### **General Information**

Clients have the right to be informed of the goals of the study, to have the evaluation procedures explained, to be told about any possible benefits or risks expected from the evaluation, to be allowed to ask questions about the study, and to be allowed the choice to participate or not in the project evaluation. Clients will be informed of these rights when staff gives them a copy of the *Supportive Housing Evaluation Participant's Bill of Rights* and the *Consent to Participate* form. This will be the first form to be completed for each new client.

### **Administration Procedures**

The County Evaluator will give the *Consent to Participate* form and the *Supportive Housing Evaluation Participant's Bill of Rights* to staff along with the packet of the forms that are completed at admission. Within 60 days of admission, the client will be told about the evaluation and asked to participate in the Supportive Housing Project Evaluation.

Staff will give the client a copy of the *Supportive Housing Evaluation Participant's Bill of Rights*. The client may keep this copy. The staff will review each item with the client.

Next, staff will give the client the *Consent to Participate* form. Staff will review each of the items on the consent form. Staff will be explained to the client that she/he has the right to refuse to participate in the study. The client must be told that if he/she refuses to participate in the study, this will not affect his/her ability to receive services from the Supportive Housing Project.

Once it is clear that client understands the rights, the staff will ask the client if she/he wants to participate. If the client agrees to participate, the client will sign and date the form, and the staff will sign as a witness and date it as well.

### **Declines to Participate**

If a client declines to participate, the staff will write across the bottom of the form, "Declines" and the client will be asked to sign next to the handwritten "Declines." Note that a client that is declining does not sign on the client's signature line; to sign on that line gives consent. Staff will sign and date the forms of clients who decline.

### **Maintaining Consent Forms**

Since the Consent to Participate contains the client's name, the form will not be forwarded to DMH. The county evaluator will keep all the Consent to Participate forms in a single file. This file may be examined from time-to-time by the DMH State evaluator. When the file is examined, the county evaluator will obscure the names of clients, thus protecting client privacy.

### **Obtaining Forms**

The State DMH will provide a clean copy of the *Supportive Housing Evaluation Participant's Bill of Rights* and the *Consent to Participate* form. The county evaluator will make clear copies to distribute to staff.

- If a client expresses concern about how confidential their responses are, what should I tell them?

The information that they provide on the instruments is maintained in the client's file, which already has certain protections for confidentiality. The data that are reported to the state for supportive housing does not contain client names or addresses, but only demographic data and certain identifiers that will allow the outcome information to be linked to cost and service utilization data. At the county level, the supportive housing data are as secure other service data that are maintained for the client. When it is reported to the state DMH, the data are maintained in secure computer systems with very limited access. Nobody from outside the department could get access to the data without first going through proper channels. Even then, identifying information would be stripped out so that the client's confidentiality would be protected. Finally, if a client is worried s/he can decline to participate.

- How is the client's confidentiality protected?

Protecting client confidentiality is very important. Client confidentiality will be protected by the use of a client identification (ID) number. This ID will be protected by the county case number that is used to report data to the DMH Client Services Information (CSI) database. For clients without a CSI ID number, project evaluator and state evaluator will agree upon an alternative number. None of the evaluation forms will contain the client's name, address, or date of birth. Client ID number and date will link all forms. Moreover, the clients' Consent-To- Participate forms will be kept separate from the clinical files in a locked cabinet.

- I notice that one of the pieces of information that is being requested is the client's social security number. Some clients and clinicians may feel uncomfortable reporting it. Why do you need it?

In the best of all worlds, we would not be asking for social security number. Instead, we would simply rely on the client's county case number and the county code for the county where the services were provided in order to be able to link the supportive housing data with cost and service utilization data. However, DMH (as well as many other organizations) has found that there are often problems with linking files based only on client case number and county code. Some of these are as follows:

- When a client begins receiving services from a county provider, he or she receives a county case number. If the client discharges from that provider and begins being seen by another provider, he or she often receives a different case number. The problem, then, is that in a data base there would be two case numbers and both of them refer to a single individual. The only way that we could know this would be if we had a third identifier that was unique to the client. This is why we are requesting the client's social security number. The

client's social security number is already reported to the DMH's Client Services Information System (CSI) for use in the same way.

- Another problem occurs when a client's case number was simply entered incorrectly at the county before the supportive housing data are reported to the State. Supportive housing staff will only discover the problem when they try to link responses on the supportive housing instruments to a client's service information. At that point, using the client's social security number, gender, ethnicity, and other information will be important for tracking down the correct client case number.

It must be emphasized that the client can request that his or her social security number not be included with their performance outcome data. It is not one of the fields that DMH is absolutely requiring in order to accept supportive housing data. It will only help us ensure that the data used are correct and that interpretations are valid.

- What if a client refuses to complete the supportive housing evaluation instruments?

It is not a requirement that a client complete the outcome instruments in order to receive services. It is their right to refuse to complete the instruments. Should a client refuse to complete the instruments, the refusal must be documented in the file. Some counties simply write across the front page of each instrument that was refused the words "CLIENT REFUSED."

- The MHSIP Consumer Survey collects pretty specific information regarding how the client feels about the services he or she is receiving. What should they be told about the confidentiality of their responses and how their responses will be used?

The MHSIP Consumer Survey is unique among the supportive housing instruments. While the staff will have access to the other instruments that the client completes CA-QOL (Quality of Life Survey), this is not the case with the MHSIP Consumer Survey. The MHSIP data will be reported on an aggregate level.

This will allow staff to see how their clients have perceived the care they received but they will be unable to identify any individual client. Thus, a client's responses will be kept confidential.

- Can you describe some of the administration procedures that counties have used to administer the MHSIP Consumer Survey so that client confidentiality is ensured?

The MHSIP Consumer Survey will be completed after one year in the program yearly thereafter, and at discharge. If a client discharges before spending one year in the program, the MHSIP should be completed.

Before giving the form to the client, the county evaluator will write the client identification number, the county code and distribution date in the appropriate fields. The form linking number (i.e., client I.D.) will be entered in the boxes at the bottom left of each page of the form. The method for completing these items is described in Chapter 4, under “Administration Procedures.” Also, an envelope should be addressed to Candace Cross-Drew, State of California, Department of Mental Health, Research & Evaluation, 1600 9<sup>th</sup> Street, Sacramento, CA 95814. The envelope should include postage so that the client will not have to pay for mailing the survey to DMH.

Staff will give the survey and envelope to the client. The client will be informed that responses on the MHSIP Consumer Survey are completely confidential and the state evaluator at DMH will not release any individual data to the county. Staff will explain that all MHSIP Consumer Survey responses from the county will be aggregated and reported back to the county and service providers in summary form. To encourage accurate responses, it is crucial that respondents to the MHSIP Consumer Survey be assured of the confidentiality of their responses.

The client will be told that when she/he has completed the form, she/he should put the survey into the envelope and mail it.